

**STATE OF LOUISIANA
VIDEO NETWORK SERVICES ORDER FORM**

OTM ORDER #: _____

For OTM Use Only

Video Billing Number 225M148794

Accounting Unit #: _____

Date Service Needed By: _____

Department: _____

Date Order Prepared: _____

Office: _____

Approved By (T/C): _____

(Telecommunications Coordinator)

Contact 1 Name: _____

Contact 1 Telephone #: _____

Contact 2 Name: _____

Contact 2 Telephone #: _____

Vendor Name: _____

DTN/Site: _____

For OTM Use Only

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Synopsis of Order Request: _____

SERVICE REQUESTED

Please Complete all Information Applicable to this Order

I. Access Lines(s) B89ZS/ESF required:

Speed:

☐ 128K ☐ 384K ☐ 768K ☐ T-1

Dedicated:

☐ CO DACS to Network ☐ Premise to Network
☐ New ☐ Existing ☐ Move ☐ Disconnect

☐ Activate Additional Bandwidth (Channels): _____

Circuit ID (If existing or in move): _____

Dial Up (ISDN):

Account Set Up Fee: \$30 per site

☐ New ☐ Existing ☐ Move

List circuit ID(s) per ISDN line (if existing or in move):

Circuit ID: 1. _____

2. _____

3. _____

Other:

Account Set Up Fee: \$30 per Guest

☐ Guest Number of guest accounts: _____

☐ Audio Add-on Number of audio add-on accounts: _____

PRIMARY WIRING INSTALLATION LOCATION

Note: Please indicate if additional wiring is required to extend to the jack. Unregulated wiring charges not to exceed \$1800 per order and must be billed to miscellaneous account number 225M142632.

Additional wiring to be extended to jack?

☐ Yes

☐ No

Office: _____

Building: _____

Floor: _____ Room: _____

Physical Street Address: _____

City: _____, LA Zip Code: _____

Contact 1: _____ Telephone #: _____

Contact 2: _____ Telephone #: _____

Local telephone number at the location
(if different from contact telephone #): _____

Access Hours: _____ Access Days of Week: _____

Jack Interface: _____

Driving instructions if located on a highway or rural route: _____

Other remarks: _____

Note: Please attach the Video Conferencing Services Customer Site Profile Worksheet for each video site.

II. VIDEO NETWORK SERVICES

Indicate all options to be certified for this location. Note: Minutes of use are measured and billed on a per-minute basis. Flat rate is unlimited usage for a fixed cost. All rates are based on speed.

		Minutes Of Use	Flat Rate	T.120	Speed Matching/ Continuous Presence
Speed:	128K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	384K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	768K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. SUBSEQUENT USER SET-UP CERTIFICATION

This fee is applied for any additional set-up certification test requested by users beyond those included in the dedicated access or the dial access account set-up fee (one codec and associated equipment).

☐ Yes (\$250.00 per site)

ADDITIONAL WIRING INSTALLATION LOCATIONS (SITES)

Note: Please indicate if additional wiring is required to extend to the jack. Unregulated wiring charges not to exceed \$1800 per order and must be billed to miscellaneous account number 225M142632.

Additional wiring to be extended to jack?☐ **Yes**☐ **No**

Office: _____

Building: _____

Floor: _____ Room: _____

Physical Street Address: _____

City: _____, LA Zip Code: _____

Contact: _____ Telephone #: _____

Local telephone number at the location
(if different from contact telephone #): _____

Access Hours: _____ Access Days of Week: _____

Jack Interface: _____

Driving instructions if located on a highway or rural route: _____

Other remarks: _____

Note: Please attach the Video Conferencing Services Customer Site Profile Worksheet for each video site.

**STATE OF LOUISIANA
VIDEO NETWORK SERVICES
CUSTOMER SITE PROFILE WORKSHEET**

One Profile Sheet is required per site

Date Worksheet Completed: _____

To be Completed by OTM:

BellSouth Sales Contact: _____ T/N: _____ Fax: _____

Internet/E-Mail Address: _____

Customer Name: _____

Site Specific Billing Address: _____

Video Site Name: LA _____
(name will appear in Web Scheduler as listed)

Video Site Address/Room: _____

Video Site Local Contact: _____

Site Coordinator: _____ T/N: _____ Fax: _____

Internet E-Mail Address: _____
(Technical Person)

1. Selected Video Speed: _____

2. Codec Manufacturer: _____ Codec Model No.: _____

Codec Software Revision Level: _____

3. If Dedicated Transport Service exists, provide circuit ID: _____

If Dial-up, provide SPID: _____

Instructions for Video Network Services Order Form (OTM-17)(Rev. 1/02)

OTM Order Number	For OTM Use only.
Accounting Unit #	Billing cost center number to which the service will be billed.
Date Service Needed By	Date service is needed (furnished by agency)
Department	Department requesting the service.
Date Order Prepared	Date the order was prepared by agency.
Office	Office requesting the service.
Approved By (T/C)	Signature of the agency telecommunications coordinator.
Contact 1 Name	Person on site where the circuit work will be performed.
Contact 1 Telephone #	Telephone number of the contact person.
Contact 2 Name	Alternate contact name.
Contact 2 Telephone #	Alternate contact telephone number.
Vendor Name	For OTM use only.
DTN/Site	For OTM use only.
Synopsis of Order Request	Brief description of service requested in this order.
Service Requested	Check the type of service requested in Sections I and II and furnish circuit ID's, if applicable.
Primary Wiring Installation	
Location	Information in this section refers to the location where the wiring will be installed.
Office	Office the circuit will be serving.
Building	Building where the office is located.
Floor/Room	Floor and room number of the office.
Street	Physical location of building. Do not list a post office box.
City	City where the building is located.
Zip Code	Zip code.
Contact 1	Contact person at the circuit site.
Telephone #	Telephone number of the contact person.
Contact 2	Alternate contact person at the circuit site.
Telephone #	Telephone number of the alternate contact person.
Access Hours	Business hours of the office.
Access Days	Days of week office is accessible.
Jack Interface	Type of jack which the circuit will interface.
Driving Instructions	Any directions to site which are pertinent to the completion of the service.

Other Remarks Any remarks which should be described on an "Additional Wiring Installation Location" form, Page 3.

**CUSTOMER SITE
PROFILE WORKSHEET**

Date Worksheet Completed Date form is completed.

BellSouth Sales Contact Will be completed by OTM.

T/N Will be completed by OTM.

Fax Will be completed by OTM.

Internet/E-mail Address Will be completed by OTM.

Customer Name Name of Department/Office.

Site Specific Billing Address Billing address for department/office/university.

Video Site Name Site name to appear in Web Scheduler in alpha order.

Video Site Address/ Room Physical address with room number, floor, etc.

Video Site Local Contact Person responsible for ordering telecommunications service at site.

Local Contact Telephone Telephone number for local contact.

Site Coordinator Agency technical person responsible for this video location.

T/N Site coordinator's telephone number.

Fax Site coordinator's fax number.

Internet E-mail Address E-mail address for site coordinator.

1. Selected Video Speed The transmission speed (e.g. 128 kbps, 384 kbps, 768 kbps, T-1, etc.) selected for operating the video equipment determined by the agency/contractor through consultation.

2. Codec Manufacturer Information obtained after specific equipment is selected by the agency through consultation with equipment vendor/contractor.

3. If Dedicated Transport exists, provide Circuit ID Circuit identification number.

If Dial-up, provide SPID Service Profile Identifier (SPID).